Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
MASSACHUSETTS DEFINED CONTRIBUTION CORE PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 10/27/2017

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE TREASURER & RECEIVER GENER

ONE ASHBURTON PL. 12TH FLOOR
BOSTON, MA 02108-1608

2b Employer Identification Number (EIN)
04-6002284

2c Plan Sponsor's telephone number
617-367-3900

2d Business code (see instructions)
921000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	JOANNE PALADINO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

NPPG FIDUCIARY SERVICES LLC

494 SYCAMORE AVENUE
SHREWSBURY, NJ 07702

3b Administrator's EIN: 30-0835405

3c Administrator's telephone number: 732-758-1577

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2848
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2432
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3210
b	Retired or separated participants receiving benefits	**6b**	25
c	Other retired or separated participants entitled to future benefits	**6c**	273
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3508
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	3508
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	2298
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	2717
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2F 2G 2J 2K 2R 2S 2T 2U

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MASSACHUSETTS DEFINED CONTRIBUTION CORE PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE TREASURER & RECEIVER GENER

D Employer Identification Number (EIN)
04-6002284

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EMPOWER ANNUITY INSURANCE COMPANY

OF AMERICA
8515 E. ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	66077	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

EMPOWER ADVISORY GROUP, LLC

8515 E. ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	50136	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

CHARLES SCHWAB & CO., INC.

94-3106735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33	BROKER ADVISOR	0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MASSACHUSETTS DEFINED CONTRIBUTION CORE PLAN

B Three-digit plan number (PN) ▶ 333

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE TREASURER & RECEIVER GENER

D Employer Identification Number (EIN)
04-6002284

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: S & P 500 INDEX FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-6528132-065	C	21561094

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL SMALL/MID-CAP INDEX FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-091	C	55778

a Name of MTIA, CCT, PSA, or 103-12 IE: US BOND INDEX FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-071	C	1563819

a Name of MTIA, CCT, PSA, or 103-12 IE: US HIGH YIELD BOND INDX FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-6528132-006	C	1559992

a Name of MTIA, CCT, PSA, or 103-12 IE: US INFLATION PRO BOND FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-033	C	3024211

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL EQUITY INDEX NL SF CLASS A

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-6528132-055	C	10707969

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL EQUITY EX USA INDEX NL

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-6528132-078	C	2236707

a Name of MTIA, CCT, PSA, or 103-12 IE: BLOOMBERG ROLL SELECT COMMODITY IND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-389	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55156

a Name of MTIA, CCT, PSA, or 103-12 IE: REIT INDEX FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-070	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2392696

a Name of MTIA, CCT, PSA, or 103-12 IE: EAFE INDEX FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-462	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111668

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS INDEX FUNDS

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 32-6528132-105	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1515530

a Name of MTIA, CCT, PSA, or 103-12 IE: US EXTENDED MARKETS INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 32-6528132-077	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6770026

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES FIXED INCOME CLASS B

b Name of sponsor of entity listed in (a): LOOMIS, SAYLES & COMPANY

c EIN-PN 84-6391546-870	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5316280

a Name of MTIA, CCT, PSA, or 103-12 IE: GSAM STABLE VALUE FUND

b Name of sponsor of entity listed in (a): GOLDMAN SACHS & CO

c EIN-PN 13-3501777-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2613765

a Name of MTIA, CCT, PSA, or 103-12 IE: WORLD DEVELOPMENT

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 32-6528132-109	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4269208

a Name of MTIA, CCT, PSA, or 103-12 IE: REAMS UNCONSTRAINED BOND FUND

b Name of sponsor of entity listed in (a): CARILLION TOWER ADVISERS, INC.

c EIN-PN 45-2778711-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 869396

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MASSACHUSETTS DEFINED CONTRIBUTION CORE PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE TREASURER & RECEIVER GENER

D Employer Identification Number (EIN)
04-6002284

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	44713893	64631563
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	44713893	64631563
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	44713893	64631563

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3936166	
(B) Participants	2a(1)(B)	9232856	
(C) Others (including rollovers)	2a(1)(C)	1708864	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		14877886
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8965446
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		23843332
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3966367	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	5620	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3971987
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	56582	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	50136	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		106718
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4078705
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		19764627
l Transfers of assets:			
(1) To this plan	2l(1)		275819
(2) From this plan	2l(2)		122776

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLIFTONLARSONALLEN, LLP **(2)** EIN: 41-0746749

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		534544
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
SUPPORTIVE LIVING, INC.	04-3119424	333

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MASSACHUSETTS DEFINED CONTRIBUTION CORE PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE TREASURER & RECEIVER GENER

D Employer Identification Number (EIN)
04-6002284

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-3691708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
	b	Enter the amount contributed by the employer to the plan for this plan year	6b
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A	Name of plan MASSACHUSETTS DEFINED CONTRIBUTION CORE PLAN	**B**	Three-digit Plan number (PN)..... ▶ 333
C	Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF NPPG FIDUCIARY SERVICES LLC	**D**	Administrator's EIN 30-0835405

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** [X] association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** [ ] professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** [ ] pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** [ ] other multiple-employer pension plan (Describe)_____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
BALLETROX, INC.	04-3140205	0.12	153044
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
STRATEGIES FOR YOUTH, INC.	27-1389973	1.64	1213388

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	[ ] Yes [X] No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREENROOTS, INC.	27-1389973	1.63	1569264
ST. BONIFACE HAITI FOUNDATION, INC.	04-3067595	1.68	3933948
MASSACHUSETTS BUDGET AND POLICY CENTER, INC.	04-2967537	0.08	91644
MASSACHUSETTS NONPROFIT NETWORK, INC.	26-0169529	0.69	406096
BUILT ENVIRONMENT PLUS, INC.	27-1215143	0.58	429114
MASSACHUSETTS BUSINESS ALLIANCE FOR EDUCATION, INC.	04-3274599	0.82	650419
SOUTH BOSTON NEIGHBORHOOD DEVELOPMENT CORP, INC.	04-3023407	0.52	521693
CITIZENS FOR JUVENILE JUSTICE, INC.	04-3224860	0.87	606590
HOSPITALITY HOMES, INC.	04-3204112	0.68	472170

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEARN TO COPE, INC	26-0236431	0.31	582364
MASSACHUSETTS CHAPTER OF NAHRO	04-2632226	1.07	725384
INTERFAITH SOCIAL SERVICES, INC.	04-2104853	0.00	15611
BREAD & ROSES HOUSING, INC.	04-2983364	0.60	322125
COLLEGE FOR SOCIAL INNOVATION, INC.	47-4425987	0.08	110400
THE GENESIS FOUNDATION FOR CHILDREN, INC.	04-2760083	0.47	399308
CONSTRUCT, INC.	23-7099108	0.06	21391
HOMEWORK HOUSE, INC.	56-2666698	1.10	1315729
RENNIE CENTER FOR EDUCATION RESEARCH & POLICY, INC.	51-0548106	0.62	572457

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Part II Participating Employer Information (Continued).

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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHREWSBURY YOUTH & FAMILY SERVICES, INC.	22-2506543	0.45	294986
METROWEST MEDIATION SERVICES, INC.	04-2710084	0.00	
SI, SE PUEDE, INC.	22-2632181	1.12	771017
CHILDREN'S ADVOCACY CENTER OF SUFFOLK COUNTY, INC.	04-3273300	0.07	150393
DESIGN MUSEUM FOUNDATION, INC.	27-0816164	0.22	174262
MASSCREATIVE, INC.	04-6090493	0.07	37864
REBUILDING TOGETHER BOSTON, INC.	04-3142781	1.27	803270
VOLUNTEERS IN MEDICINE BERKSHIRES, INC.	90-0140004	0.34	190916
DREAM BIG!, INC.	27-2204294	0.38	196733

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COMMUNITY DEV. CORPORATION OF S. BERKSHIRE, INC.	04-3010725	0.02	
SUPPORTIVE LIVING, INC.	04-3119424	0.93	852307
PARTNERS FOR YOUTH WITH DISABILITIES, INC.	22-2627798	0.13	184435
THE CENTER FOR HOPE AND HEALING, INC.	04-2732721	0.22	205302
TIMOTHY SMITH NETWORK, INC.	56-2339680	0.09	73630
HYDE PARK MAIN STREETS, INC.	04-3285976	0.46	1047247
PITTSFIELD COMMUNITY CABLE BROADCASTING, INC.	04-3107317	1.22	963491
COONAMESSETT FARM FOUNDATION, INC.	26-2645719	0.60	559184
ARTS & BUSINESS COUNCIL OF GREATER BOSTON, INC.	82-1062037	0.77	515212

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THE MEGAN HOUSE FOUNDATION, INC.	43-3503719	0.42	258463
WHALE AND DOLPHIN CONSERVATION, INC.	02-0749188	0.35	270651
JUSTICE AT WORK, INC.	27-4670409	0.12	135349
MPEG ACCESS, INC.	01-0870422	0.42	437603
MEDIA EDUCATION FOUNDATION, INC.	04-3124914	0.00	52725
ENCHANTED CIRCLE, INC.	04-2685213	0.14	42380
MASS REG EMPL. BOARD ASSOC DBA MASS WORKFORCE ASSOC	04-3345830	0.28	396139
STOCKBRIDGE LIBRARY ASSOCIATION	04-2125005	0.28	244629
PUBLIC ACCESS CABLE TELEVISION OF LONGMEADOW, INC.	04-2737029	0.55	326487

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THE THEATER OFFENSIVE	04-3039900	0.94	420680
MOTHERS FOR JUSTICE AND EQUALITY, INC.	45-3741482	0.69	577012
IMPACT MELANOMA, INC.	04-3478266	0.32	274868
MEDIATION SERVICES OF NORTH CENTRAL MASS., INC.	22-2881830	0.45	322406
ASIAN AMERICAN RESOURCE WORKSHOP, INC.	04-2707980	0.84	954287
MASSACHUSETTS TAXPAYERS FOUNDATION, INC.	04-1590310	0.10	206892
MARTHA'S VINEYARD PLAYHOUSE, INC.	22-2518286	0.23	227689
YOUNG AUDIENCES OF MASSACHUSETTS, INC.	04-6065276	0.36	275710
NARROWS CENTER FOR THE ARTS, INC.	31-1654074	0.08	98408

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JEWISH ARTS COLLABORATIVE, INC.	37-1502657	0.08	102893
BOSTON PRESERVATION ALLIANCE, INC.	04-2748390	0.97	733312
MERRIMACK VALLEY HABITAT FOR HUMANITY, INC.	22-2612831	0.93	650677
COMMUNITY INVOLVED IN SUSTAINING AGRICULTURE	04-3416862	0.43	264662
MASS ASSOC. OF TEACHERS OF SPEAKERS OF OTHER LANGUAGES	82-1062037	0.94	441948
HATTIE B. COOPER COMMUNITY CENTER, INC.	82-1062037	0.45	363160
MYSTIC RIVER WATERSHED ASSOCIATION, INC.	23-7221094	0.47	294430
CANTON CABLE ACCESS CORP.	04-2780678	0.41	229428
CREATIVE ACTION INSTITUTE, INC.	20-3995543	0.41	329287

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WESTPORT LAND CONSERVATION TRUST, INC.	23-7216308	0.27	144700
NANTUCKET COMMUNITY TELEVISION, INC.	04-3531375	0.91	838415
BOSTON BOOK FESTIVAL, INC.	26-2260622	0.44	446237
OUR NEIGHBORS' TABLE, INC.	04-3153941	0.41	268935
RETIRED STATE COUNTY & MUNICIPAL EMPL ASSOC OF MASS	04-2458721	0.77	574593
JUST ROOTS, INC.	37-1637062	0.28	215212
OLD COLONY LIBRARY NETWORK, INC.	04-2925259	0.16	72160
MARTHA'S VINEYARD SHELLFISH GROUP, INC.	04-2612898	0.88	429559
AUBURN YOUTH AND FAMILY SERVICES, INC.	04-2658899	0.48	451802

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CENTRAL MASSACHUSETTS AGENCY ON AGING, INC.	04-2547633	0.21	114701
FAMILY PROMISE METROWEST	20-5963640	0.18	257905
MASSACHUSETTS BICYCLE COALITION, INCORPORATED	04-2692252	0.12	49519
RISE ABOVE FOUNDATION, INC.	27-1409946	0.61	508509
KOMERA, INC.	27-1581674	0.46	354060
FULBRIGHT UNIVERSITY VIETNAM USA, INC.	45-5152480	0.42	244673
FULBRIGHT UNIVERSITY VIETNAM USA, INC.	02-0610358	1.09	425816
WORLD OCEAN SCHOOL, INC.	43-1331825	0.22	72669
BIODIVERSITYWORKS, INC.	84-4384737	0.20	142322

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REBOOT RX, INC.	04-2697866	2.25	1993984
POLUS CENTER FOR SOCIAL AND ECONOMIC DEV, INC.	83-1729833	1.27	725208
SHREWSBURY MEDIA CONNECTION, INC.	04-6138418	0.12	132013
CITIZENS' HOUSING AND PLANNING ASSOCIATION, INC.	26-3068254	0.68	373348
LOUIS D. BROWN PEACE INSTITUTE CORPORATION	04-2207701	0.23	175454
AMERICAN PHD FELLOWSHIP, INC. FOR MEDICINE IN ISRAEL	04-2173050	0.13	105856
TRUSTEES OF ELIOT SCHOOL, DBA ELIOT SCHOOL OF FINE & APP ARTS	46-5136872	0.77	377516
BOSTON NEIGHBORHOOD COMMUNITY LAND TRUST, INC.	20-1690628	1.31	974772
WESTBOROUGH TV, INC.	04-3401842	0.82	447608

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COMMUNITY BOATING CENTER, INC.	04-2702037	1.00	1288653
ASSOCIATION FOR BEHAVIORAL HEALTHCARE FOUNDATION, INC.	01-0563874	0.13	56922
JEWISH ALLIANCE FOR LAW AND SOCIAL ACTION, INC.	20-6187760	0.44	296591
NEW ENGLAND INNOCENCE PROJECT	04-3267088	0.00	28667
APPLE TREE ARTS, INC.	45-5622649	0.43	279874
WOMEN IN MACHINE LEARNING, INC.	82-5207582	0.60	264659
OSTERVILLE FREE LIBRARY CORPORATION	04-2128454	0.87	416898
NORTH END MUSIC & PERFORMING ARTS CENTER, INC.	04-3545228	0.12	39024
BOSTON AREA GLEANERS, INC.	30-0434755	0.33	227278

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PARTNERS IN DEVELOPMENT, INC.	22-2536583	0.08	51150
BERKSHIRE IMMIGRANT CENTER, INC.	86-2361326	0.32	176032
THE RECORD COMPANY, INC.	27-1238513	0.33	194825
MASSACHUSETTS COALITION TO PREVENT GUN VIOLENCE, INC.	84-5092934	0.25	172653
GRANADA HOUSE, INC.	04-2756687	0.25	322690
EDWARD ST DAY CARE CENTER, INC. DBA EDWARD ST CHILD SERVICE	04-2133874	0.00	44892
HOLBROOK COMMUNITY ACCESS AND MEDIA, INC.	80-0185622	1.27	669170
SOLSTICE INITIATIVE, INC.	47-1608923	0.13	58099
REPRODUCTIVE EQUITY NOW, INC.	23-7227508	0.37	177431

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METRO COMMUNITY DEVELOPMENT CORPORATION	59-3765860	0.79	631209
MISSIONSAFE A NEW BEGINNING	04-3457195	0.19	107453
CONWAY SCHOOL OF LANDSCAPE DESIGN, INC.	04-2596491	0.17	102683
ZINNIA MONTESSORI SCHOOL INC DBA BIRCH TREE	82-1905465	0.47	248813
PROJECT KOMPASS, INC.	84-4402345	0.02	43625
HINGHAM COMMUNITY ACCESS DBA HARBOR MEDIA	27-5300052	0.97	1188410
THE YARD, INC.	23-7348937	0.25	113508
CAPE COD FOUNDATION, INC.	51-0140462	0.20	107100
MASSACHUSETTS HEAD START ASSOCIATION, INC.	20-0857352	0.36	142630

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PIONEER VALLEY HABITAT FOR HUMANITY, INC.	04-3049506	0.44	251069
THE VALEDICTORIAN PROJECT, INC.	85-2099157	0.45	291165
CAPE COD TIMES NEEDY FUND, INC.	22-2480332	0.18	89025
FOUNDATION FOR UNDERWAY EXPERIENTIAL LEARNING, INC.	81-4752116	0.14	74630
FAMILY PROMISE NORTH SHORE BOSTON, INC.	27-1801635	0.43	200103
GINNY'S HELPING HAND, INC.	04-3556937	0.03	53462
THE MASSACHUSETTS COALITION FOR THE HOMELESS	22-2599662	0.19	92932
NEWTON COMMUNITY FARM, INC.	20-2482452	0.10	66654
HARBOR HOMES OF MARTHA'S VINEYARD, INC.	83-2996138	0.16	57830

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MASSACHUSETTS CENTER FOR THE BOOK, INC.	20-0796417	0.27	112993
COMMUNITY FOUNDATION FOR NANTUCKET	13-4316755	0.10	52476
WORCESTER CHAMBER MUSIC SOCIETY, INC.	20-8538873	0.10	54019
DANVERS COMMUNITY ACCESS TELEVISION, INC.	04-3576057	0.42	154346
FRAMINGHAM HISTORY CENTER, INC.	04-6121840	0.60	273552
CHINATOWN COMMUNITY LAND TRUST, INC.	47-3187874	0.27	139083
FRIENDS OF THE ARAVA INSTITUTE	11-3485736	0.14	46401
CHICOPEE CHILD DEVELOPMENT CENTER, INC.	04-2456912	0.52	210648
A WOMAN'S CONCERN, INC.	22-3196616	0.12	55591

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FRANKLIN FOOD PANTRY, INCORPORATED	04-3272663	0.08	75268
PRISON BOOK PROGRAM INC.	20-3235673	0.21	96905
GREATER WESTFIELD FOOD PANTRY, INC.	04-3049616	0.38	177069
CAMBRIDGE HISTORICAL SOCIETY	04-6032737	0.35	194154
THE FOUNDRY CONSORTIUM, INC.	84-3303528	0.08	156151
DISABLED AMERICAN VET DEPT OF MASS SERVICE FUND I	45-2620477	0.06	48084
DISABLED AMERICAN VET DEPT OF MASS , INC.	04-2170836	0.19	45963
MASS FEDERATION OF FARMERS & GARDENERS MARKETS, INC.	04-2666643	0.17	69445
EVERYDAY BOSTON, INC.	82-2829083	0.20	115234

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THEY GRAY HOUSE, INC.	04-2783515	0.52	156971
NORTH OF BOSTON CONVENTION AND VISITORS BUREAU, INC.	04-2262705	0.80	933615
WORCESTER YOUTH CENTER, INC.	04-3245867	0.02	9556
KESTREL LAND TRUST, INC.	22-2746868	0.68	228863
PROVINCETOWN COMMUNITY TELEVISON, INC.	27-1631749	0.46	160095
GREENAGERS, INC.	46-1728356	0.06	29127
SGT. WILLIAM CRNEY ACADEMY AFTER-SCHOOL DAY CARE PRGM, INC.	04-2741249	0.36	265081
HUMAN SERVICE FORUM, INC.	45-2897765	0.14	36504
BERKSHIRE INNOVATION CENTER, INC.	47-1691933	0.09	40236

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOUSING CORPORATION OF ARLINGTON	04-2944144	0.13	52294
WATERTOWN COMMUNITY FOUNDATION, INC.	30-0229398	0.06	22309
BTV ACCESS CORPORATION	22-3044173	0.55	182522
THE FALMOUTH HISTORICAL SOCIETY	04-6066623	1.31	656011
EASTIE FARM, INC.	47-5540982	0.53	241847
CHARLES RIVER WATERSHED ASSOCIATION	04-6136989	0.38	88061
MASSACHUSETTS HEALTH OFFICERS ASSOCIATION, INC.	04-2695256	0.06	26307
TARGETCANCER FOUNDATION, INC.	26-4510094	0.55	255569
BERKSHIRE COUNTY HISTORICAL SOCIETY, INC.	04-2300187	0.06	44466

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VIETNAMESE-AMERICAN INITIATIVE FOR DEV, INC.	04-3289039	0.30	147583
BERKSHIRE BLACK ECONOMIC COUNCIL, INC.	85-4196468	0.54	87022
HANCOCK NURSERY SCHOOL, INC.	75-3060428	0.24	81148
CAMBODIAN MUTUAL ASSIST ASSOC GREATER LOWELL	22-2553560	0.27	85468
EASTERN ACADEMIC SCHOLARS' TRUST, INC.	92-1411618	0.42	215458
ROOT NS, INC.	47-5454938	0.09	43233
THE ECUMENICAL SOCIAL ACTION COMMITTEE, INC.	04-2455301	0.12	38696
LOWER CAPE COMMUNITY ACESS TELEVISON, INC.	27-2812706	0.18	53217
ECDC NURSERY SCHOOL, INC.	04-2512415	0.24	76272

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MULTI-SERVICE EATING DISORDERS ASSOCIATION, INC.	04-3224394	0.51	242849
LOWELL'S MARITIME FOUNDATION, INC.	06-1793898	0.61	248276
HOUSING NAVIGATOR MASSACHUSETTS, INC.	04-3247717	0.17	78512
FLYING CLOUD INSTITUTE, INC.	84-3542325	0.15	43849
COMMUNITY DISPUTE SETTLEMENT CENTER, INC.	04-2730172	0.40	135582
METROWEST TOURISM AND VISITORS BUREAU, INC.	04-3030799	1.51	419267
AMYLOIDOSIS RESEARCH CONSORTIUM, INC.	27-5299802	0.50	65046
ADAMS PRESIDENTIAL CENTER AND FOUNDATION	47-2589708	0.72	173121
NOW AND THERE, INC.	88-4306187	0.07	20957

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NOW AND THERE INC	04-2712823	0.25	161933
THE MARANYUNDO INITIATIVE, INC.	26-1905452	1.23	1133488
MA APPLESEED & CENTER FOR LAW AND JUSTICE, INC	04-3235179	0.09	22837
SUDBURY VALLEY TRUSTEES, INC.	04-6049963	0.30	74622
NORTH SHORE ALLIANCE OF GLBTQ	04-3399331	0.91	273059
HABITAT FOR HUMANITY NORTH CENTRAL MA	04-2999854	0.76	323202
CAMBRIDGE INSIGHT MEDITATION CENTER, INC.	22-2622760	0.10	29391
WOMEN'S MONEY MATTERS, INC.	90-0688545	1.09	367709
REHOBOTH ANTIQUARIAN SOCIETY	04-2464673	0.15	42485

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METRO WEST COLLABORATIVE DEVELOPMENT, INC.	22-3073668	0.12	492149
ECONOMIC AFFAIRS BUREAU DBA DOLLARS AND SENSE	51-0182931	0.06	16722
FRIENDS OF THE BLUE HILLS CHARITABLE TRUST	04-2627412	0.56	113091
OVATIONS FOR THE CURE, INC.	20-4284833	0.77	157879
ATRIUS HEALTH EQUITY FOUNDATION, INC	26-4517944	0.13	37267
ACCELERATED CURE PROJECT INC.	04-3555864	0.13	22167
UNION SQUARE MAIN STREETS, INC.	20-1834007	0.31	67291
THE THRIFT SHOP OF BOSTON, INC.	04-1903280	0.38	51504
NEW BEDFORD STAR KIDS SCHOLARSHIP PROGRAM, INC.	27-0372266	0.49	287179

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LITERACY VOLUNTEERS OF GREATER WORCESTER LVGW	04-2914294	0.39	64546
THE TEACHING KITCHEN COLLABORATIVE	84-3986012	0.26	42040
BRAZILIAN WORKER CENTER, INC.	04-3273525	0.02	9965
URBAN ACHIEVERS SAFE SCHOOL	86-2388819	0.30	76098
WESTWOOD MEDIA CENTER, INC.	26-2158698	0.03	8213
CAMBRIDGE MULTICULTURAL ARTS CENTER	04-2650605	1.08	494990
MASSACHUSETTS COMPUTER USING EDUCATORS MASS CUE	22-2831177	0.61	142260
END MASS OVERDOSE, INC. DBA EMO HEALTH	47-3870286	0.25	63490
PROGRAMS FOR PEOPLE, INC.	04-2609789	0.13	20779

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
QUABOAG VALLEY COMMUNITY DEVELOPMENT CORP	04-3370097	0.24	47742
CITY STRINGS UNITED, INC.	45-5118370	0.89	202416
WAYLAND CREATIVE PRE-SCHOOL, INC.	04-2767364	0.67	146661
NEIGHBORS IN NEED, INC.	22-2481699	0.03	7011
METROWEST NONPROFIT NETWORK, INC.	27-2249040	0.10	19213
EAST SOMERVILLE MAIN STEET, INC.	20-8072173	0.03	11989
CAMPUS WITHOUT WALLS, INC	99-0497903	0.07	9490
RANDOLPH COMMUNITY PARTNERSHIP, INC.	76-0710382	0.50	310584
SOUTH EASTERN ECONOMIC DEVELOPMENT	04-2772952	1.87	357073

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THE LILY HOUSE INC.	84-2505580	0.08	11597
THE GLOUCESTER ADVENTURE, INC.	04-3020719	0.13	32747
COMMUNITY DEV. CENTER OF SOUTHEASTERN MA., INC.	04-3371170	0.20	29225
GREATER NEW BEDFORD WORKFORCE INV. BOARD	04-3306335	0.51	91185
BERKSHIRE AGRICULTURAL VENTURES	81-4386302	0.35	48745
LAUNCHSPACE, INC.	81-4826723	0.04	6332
LOVE YOUR MAGIC, INC.	87-2061145	0.08	11898
NANTUCKET RESOURCE PARTENRSHIP	87-4774090	0.10	15590
SOMERVILLE COMMUNITY ACCESS TELEVISION, INC.	22-2506464	0.03	38766

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BEYOND WALLS, INC.	83-0573018	0.13	18913
LEXINGTON COMMUNITY MEDIA CENTER	42-1670140	0.00	427
OUR DEAF SURVIVORS CENTER, INC.	04-3473545	0.01	2237
HEALTH EQUITY COMPACT, INC.	99-0943875	0.25	36127
COMMUNITY AUTISM RESOURCES, INCORPORATED		0.31	129766
THE BALLET THEATRE OF BOSTON	04-2773619	0.33	45309
THE WORLD HISTORY ASSOCIATION, INC.	22-2464092	0.03	5022
BUILT BUILDINGS LAB	99-4218879	0.08	11062
TIDES FOR REPRODUCTIVE FREEDOM, INC.	86-2456665	0.07	20894

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THE ART COMPLEX, INC.	04-6155696	0.29	47862
BETTER DAY ADULT SOCIAL DAY PROGRAM, INC.	84-4224953	0.10	368325
STUDIO FOR HIGH PERFORMANCE DESIGN & CONSTRUCTION	83-1655450	0.06	8611
BIG BROTHERS BIG SISTERS CENTRAL MASS METROWEST, INC.	04-2317926	0.27	249586
GIRLS ON THE RUN WORCESTER COUNTY		0.03	4827
LGBTQ SENIOR HOUSING, INC.	83-2784363	0.03	34941
FRIENDS OF HERRING RIVER, WELLFLEET TURO, INC.	27-0479634	0.08	10754
THE HEARTWING CENTER, INC.	04-3274078	0.04	51189
IS 183, INC. BERKSHIRE ART CENTER	04-3132409	0.00	148

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHATHAM CONSERVATION FOUNDATION, INC.	04-6047692	0.03	4714
SUSAN B. ANTHONY BIRTHPLACE MUSEUM, INC.	26-1701703	0.00	255

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Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

COLLABORATORS | COACHES | ADVOCATES | MENTORS
FRIENDS | VOLUNTEERS | REGULARS | DINERS | VISITORS
CPAs | CONSULTANTS | WEALTH ADVISORS | *NEIGHBORS*
COLLABORATORS | COACHES | ADVOCATES | MENTORS |
CONNOISSEURS | CUSTOMERS | TEACHERS |
| VOLUNTEERS |

MASSACHUSETTS DEFINED CONTRIBUTION CORE PLAN

FINANCIAL STATEMENTS AND ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

YEARS ENDED DECEMBER 31, 2025 AND 2024

Right there with you

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MASSACHUSETTS DEFINED CONTRIBUTION CORE PLAN
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YEARS ENDED DECEMBER 31, 2025 AND 2024

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INDEPENDENT AUDITORS' REPORT

CORE Oversight Committee and Plan Participants
Massachusetts Defined Contribution CORE Plan
Boston, Massachusetts

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of the Massachusetts Defined Contribution CORE Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2025 and 2024, and the statements of changes in net assets available for benefits – modified cash basis for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits – modified cash basis of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits – modified cash basis for the years then ended, in accordance with the modified cash basis of accounting.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Massachusetts Defined Contribution CORE Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United State of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including

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maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Massachusetts Defined Contribution CORE Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Massachusetts Defined Contribution CORE Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) – modified cash basis and schedule of delinquent participant contributions – modified cash basis as of and for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Baltimore, Maryland
October 8, 2026

MASSACHUSETTS DEFINED CONTRIBUTION CORE PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS– MODIFIED CASH BASIS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS (at Fair Value)	$ 64,631,563	$ 44,713,893
NET ASSETS AVAILABLE FOR BENEFITS	$ 64,631,563	$ 44,713,893

MASSACHUSETTS DEFINED CONTRIBUTION CORE PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS– MODIFIED CASH BASIS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
NET APPRECIATION IN FAIR VALUE OF INVESTMENTS	$ 8,965,446	$ 4,285,915
CONTRIBUTIONS		
Participant	9,232,856	7,834,021
Participating Employer	3,862,796	3,259,638
Rollover	1,708,864	2,160,967
Qualified Nonelective	73,370	29,442
Total Contributions	14,877,886	13,284,068
Total Additions	23,843,332	17,569,983
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	3,966,367	3,203,862
OTHER DEDUCTIONS	5,620	1,162
ADMINISTRATIVE EXPENSES	106,718	85,121
Total Deductions	4,078,705	3,290,145
NET INCREASE IN NET ASSETS BEFORE PLAN TRANSFERS	19,764,627	14,279,838
TRANSFERS IN FROM OTHER QUALIFIED PLANS	275,819	374,107
TRANSFERS TO OTHER QUALIFIED PLANS	122,776	971,965
NET INCREASE	19,917,670	13,681,980
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	44,713,893	31,031,913
End of Year	$ 64,631,563	$ 44,713,893

NOTE 1 DESCRIPTION OF PLAN

The following description of Massachusetts Defined Contribution CORE Plan (the Plan) provides only general information. Participants should refer to the Plan document and their Employer's participation agreements and summary Plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiple employer defined contribution profit-sharing plan originally effective October 27, 2017 and most recently restated effective October 16, 2020. The Plan was established by the Commonwealth of Massachusetts Office of the Treasurer and Receiver General (Treasury) and only eligible Participating Employer's within the Commonwealth of Massachusetts may adopt the Plan. The Plan is intended to cover any common law Employee of the Participating Employer, including Union Employees, whose employment governed by a collective bargaining agreement (unless, as determined by the Participating Employer, the collective bargaining agreement between the Participating Employer and the Union Employees says otherwise). The Plan excludes out-sourced workers, independent contractors, nonresident aliens, and highly compensated employees (unless safe harbor plan options are elected). Upon election by a Participating Employer to participate in the Plan, a Participating Employer elects one of three plan options, Safe Harbor with Matching contributions, Non-Safe Harbor, or Safe Harbor with Nonelective contributions.

The Plan is subject to ERISA. The nonfiduciary Statutory Committee is responsible for the general oversight of the Plan. The Oversight Committee (formerly called the Investment Committee) is a fiduciary committee appointed by the Plan Sponsor for the purpose of monitoring the quality and performance of the CORE Plan investments and/or the appointed Named Fiduciary for Investments (NFI), the CORE Plan's recordkeeper, Trustee, auditor and Named Fiduciary for Administration (NFA). The NFI determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Oversight Committee. The NFI also provides updates to the Plan's Statutory Committee. The NFA ensures the operational and administrative compliance is maintained.

Eligibility

An employee shall be eligible to participate in the Plan on the first Entry Date (as defined in Section 2.01(20) of the Plan Document) on which the employee is an eligible employee.

Contributions

Eligible employees are permitted to elect to have a percentage or dollar value of their compensation contributed as pre-tax or Roth contributions to the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Subject to the provisions of the Internal Revenue Code (IRC), the Plan offers participants the option to elect an in-Plan Roth contribution conversion.

Eligible employees who do not affirmatively elect to participate in the Plan as described above are automatically enrolled in the Plan as participants, contributing 6% unless an eligible employee declines participation. Employees enrolled via default will be automatically increased each Plan year by either 1% or 2%, depending upon the election made by the participating employer, until the employee reaches 15%.

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Contributions (Continued)

The Participating Employer, as elected in their adoption agreement, may elect to make a safe-harbor contribution to the Plan. If elected, the Participating Employer contributes 100% of the Participant's elective deferral that does not exceed the first 3% of the Participant's Compensation for the Plan year, plus 50% of elective deferrals that does not exceed the next 2% of the Participant's compensation for the Plan year.

The Participating Employer, as elected in their adoption agreement, may alternatively elect to make a safe harbor nonelective contribution to the Plan. The contribution may not be less than 3% of each eligible Participant's compensation.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Participating Employer's contribution, if any, and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Participant from their Plan assets (unless the Participating Employer has opted to assume those costs on behalf of its Eligible Employees). Allocations are based on participant earnings or account balances, or participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Vesting

Participants are immediately vested in contributions plus actual earnings thereon.

Withdrawals and Benefit Payments

There are restrictions on when a participant can access their Account. The CORE Plan generally does not allow any portion of a participant's account to be withdrawn prior to termination of employment, death, disability, retirement, or other qualifying event. Upon termination of service due to death, disability, retirement, or other qualifying event, as defined in the Plan document, a participant may elect to receive the value of the vested interest in his or her account in the form of a lump sum distribution or in installments. The Plan allows for in-service distributions if a participant reaches age 59½, hardship distributions subject to Plan provisions, and military service withdrawals. If a participant terminates employment and the participant's account balance does not exceed $1,000, the Plan administrator may authorize the benefit payment without the participant's consent.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The NFI determines the Plan's valuation policies utilizing information provided by the investment advisers, custodian, and trustee. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions from participants and Participating Employer contributions are recorded in the year in which the contributions are received by the Plan.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

The Plan's expenses are paid either by the Plan, the Treasury, or the Participating Employer, as provided by the Plan document or any other applicable documents. Expenses paid directly by the Treasury, or the Participating Employer, are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits – modified cash basis. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investment presented in the accompanying statements of changes in net assets available for benefits – modified cash basis.

Plan Transfers

Transfers are recognized when the cash for the transaction is received or disbursed.

Subsequent Events

The Plan has evaluated subsequent events through October 8, 2026, the date the financial statements were available to be issued.

NOTE 3 TRANSFER OF FUNDS

Upon termination or new entrance of a Participating Employer, funds may be transferred to or from other qualified plans. During the years ended December 31, 2025 and 2024, transfers into the Plan from other qualified plans totaled $275,819 and $374,107, respectively. During the years ended December 31, 2025 and 2024, transfers out of the Plan to other qualified plans totaled $122,776 and $971,965, respectively.

NOTE 4 FAIR VALUE INVESTMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

NOTE 4 FAIR VALUE INVESTMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2025 and 2024.

Collective Trust Funds: Valued based on net asset value (NAV) of units, which are based on observable prices of the underlying assets, held by the funds at year-end. NAV is a readily determinable fair value and is the basis for current transactions and participant transactions (purchases and sales) may occur daily. These funds are included in Level 2.

Self-Directed Brokerage Account: Self-Directed Brokerage accounts consist of mutual funds. Mutual funds are valued at the daily closing price as reported by the fund, Mutual funds held by the plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2025			
	Level 1	Level 2	Level 3	Total
Self-Directed Brokerage	$ 8,266	$ -	$ -	$ 8,266
Collective Trust Funds	-	64,623,297	-	64,623,297
Total Investments at Fair Value	$ 8,266	$ 64,623,297	$ -	$ 64,631,563

	2024			
	Level 1	Level 2	Level 3	Total
Collective Trust Funds	$ -	$ 44,713,893	$ -	$ 44,713,893

NOTE 5 RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits – modified cash basis.

NOTE 6 PLAN TERMINATION

Although it has not expressed any intent to do so, the Treasury has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 7 PLAN TAX STATUS

The Plan is placing reliance on the determination letter dated March 1, 2019 received from the IRS indicating that the Plan is qualified under Section 401 of the IRC and is therefore not subject to tax under current income tax law. The Plan has been amended since receiving the determination letter. However, the Treasury believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

The modified cash basis of accounting requires Plan management to evaluate if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Empower Trust Company, LLC. is the Trustee or custodian, Empower Annuity Insurance Company is the record keeper, and Global Trust Company, is the directed trustee, as defined by the Plan; therefore, fees incurred by the Plan for the investment management services qualify as party-in-interest transactions. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 9 NON-EXEMPT PROHIBITED TRANSACTIONS

Certain Participating Employers failed to remit employee deferral contributions for certain payroll periods within the timeframe prescribed by the Department of Labor. This is deemed a prohibited transaction in accordance with ERISA and the IRC. The Plan and Participating Employers will correct the prohibited transaction by depositing the lost earnings, filing the required Form 5330 with the IRS (in conjunction with outside counsel), and paying the appropriate excise tax. The 2022 prohibited transactions have been fully corrected and the 2023 prohibited transactions are pending correction under VFCP. The 2024 and 2025 prohibited transactions have not been corrected.

MASSACHUSETTS DEFINED CONTRIBUTION CORE PLAN
E.I.N. 82-1062037 PLAN NO. 001
SCHEDULE H, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS – MODIFIED CASH BASIS
YEAR ENDED DECEMBER 31, 2025

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are Included 2022 ☐ Yes	$ -	$ -	$ -	$ 37,885
Check here if Late Participant Loan Repayments are Included 2023 ☐ Yes	$ -	$ -	$ 70,232	$ -
Check here if Late Participant Loan Repayments are Included 2024 ☐ Yes	$ 199,655	$ -	$ -	$ -
Check here if Late Participant Loan Repayments are Included 2025 ☐ Yes	$ 264,657	$ -	$ -	$ -

MASSACHUSETTS DEFINED CONTRIBUTION CORE PLAN
E.I.N. 82-1062037 PLAN NO. 001
SCHEDULE H, LINE 4I—SCHEDULE OF ASSETS (HELD AT END OF YEAR) - MODIFIED CASH BASIS
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost **	Current Value
	Goldman Sachs	Goldman Sachs Stable Value Collective Trust Fund- Class 1		$ 2,613,765
	Loomis Sayles	Loomis Sayles Core Fixed Income Trust- Class B		5,316,280
	State Street Global Advisors	State Street Bloomberg Enhanced Roll Yield Total Return Index Commodity Non-Lending Series Fund		55,156
	State Street Global Advisors	State Street Emerging Markets Index Securities Lending Series Fund Class X		1,515,530
	State Street Global Advisors	State Street Global All Cap Equity ex-US Index Fund – Class X		10,707,969
	State Street Global Advisors	State Street Global All Cap Equity Index Securities Lending Series Fund Class I		2,236,707
	State Street Global Advisors	State Street International Index Securities Lending Series Fund Class I (EAFE Index)		111,668
	State Street Global Advisors	State Street REIT Index Securities Lending Series Fund Class II		2,392,696
	State Street Global Advisors	State Street Russell Small/Mid Cap Index Securities Lending Series Fund Class I		55,778
	State Street Global Advisors	State Street S&P 500 Index Securities Lending Series Fund - Class X		21,561,094
	State Street Global Advisors	State Street U.S. Bond Index Securities Lending Series Fund Class I		1,563,819
	State Street Global Advisors	State Street U.S. Extended Market Index Fund		6,770,026
	State Street Global Advisors	State Street U.S. Inflation Protected Bond Index Securities Lending Series Fund Class I		3,024,211
	State Street Global Advisors	State Street US High Yield Bond Index Securities Lending Series Fund Class I		1,559,992
	State Street Global Advisors	State Street World Developed ex US Index Securities Lending Series Fund - Class X		4,269,210
	Charles Schwab	Self Directed Brokerage		8,266
	Reams	Unconstrained Bond Collective Investment Trust Class 1		869,396
		Total Assets Held		$ 64,631,563

***Cost omitted for participant-directed accounts*



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MASSACHUSETTS DEFINED CONTRIBUTION CORE PLAN
E.I.N. 82-1062037 PLAN NO. 001
SCHEDULE H, LINE 4I—SCHEDULE OF ASSETS (HELD AT END OF YEAR) - MODIFIED CASH BASIS
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost **	Current Value
	Goldman Sachs	Goldman Sachs Stable Value Collective Trust Fund- Class 1		$ 2,613,765
	Loomis Sayles	Loomis Sayles Core Fixed Income Trust- Class B		5,316,280
	State Street Global Advisors	State Street Bloomberg Enhanced Roll Yield Total Return Index Commodity Non-Lending Series Fund		55,156
	State Street Global Advisors	State Street Emerging Markets Index Securities Lending Series Fund Class X		1,515,530
	State Street Global Advisors	State Street Global All Cap Equity ex-US Index Fund – Class X		10,707,969
	State Street Global Advisors	State Street Global All Cap Equity Index Securities Lending Series Fund Class I		2,236,707
	State Street Global Advisors	State Street International Index Securities Lending Series Fund Class I (EAFE Index)		111,668
	State Street Global Advisors	State Street REIT Index Securities Lending Series Fund Class II		2,392,696
	State Street Global Advisors	State Street Russell Small/Mid Cap Index Securities Lending Series Fund Class I		55,778
	State Street Global Advisors	State Street S&P 500 Index Securities Lending Series Fund - Class X		21,561,094
	State Street Global Advisors	State Street U.S. Bond Index Securities Lending Series Fund Class I		1,563,819
	State Street Global Advisors	State Street U.S. Extended Market Index Fund		6,770,026
	State Street Global Advisors	State Street U.S. Inflation Protected Bond Index Securities Lending Series Fund Class I		3,024,211
	State Street Global Advisors	State Street US High Yield Bond Index Securities Lending Series Fund Class I		1,559,992
	State Street Global Advisors	State Street World Developed ex US Index Securities Lending Series Fund - Class X		4,269,210
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		Total Assets Held		$ 64,631,563

***Cost omitted for participant-directed accounts*